



H.E.F. CANADA QUARTERLY

The Human Ecology Foundation of Canada

Volume IX, Number 3

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Sept. 30, 1987

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HUMAN ECOLOGY FOUNDATION OF CANADA

H.E.F. CANADA QUARTERLY

The H.E.F. Canada Quarterly is a publication of the Human Ecology Foundation of Canada, a charitable organization under Canadian law, operating on a non-profit basis. THE QUARTERLY is for people who are interested in health and its relation to our environment. It deals primarily with research in the field of clinical ecology, and also describes how people have improved their health by changes in habits, diet and environment. As such, it does not offer medical advice, and we urge persons wishing to experiment with changes in their lifestyle to do so with the help and guidance of a knowledgeable physician.

HUMAN ECOLOGY FOUNDATION OF CANADA

One of the purposes of the Human Ecology Foundation is to promote the free exchange of information on the prevention and treatment of ECOLOGICAL ILLNESS. People who are ecologically ill and/or environmentally hypersensitive are no longer able to adapt well to common and increasing exposures in their everyday environment. They may develop a variety of chronic or acute symptoms that are brought on by substances in the air, in food, in water, or in their home and/or workplace environments.

Natural inhalants such as pollens, dust and moulds, and even natural foods may begin to affect people adversely. This aspect of the condition is often referred to as "allergy", but the many synthetic chemicals that are now common around us can also cause symptoms, and overexposure to these can trigger ecological illness even in those with no history of allergy or other sensitivity to the environment. Symptoms may be mild and merely annoying, or they may become severe enough to interfere with a person's daily activities, family life, and career.

On a local basis, HEF branches work toward finding sources of chemically less-contaminated food, water, clothing, and household furnishings, as well as providing counselling on changes of lifestyle that may alleviate symptoms. H.E.F. and all its branches would like to encourage others to become involved not only in research on the effects of environment on health, but in working toward a healthier, less-polluted environment.

ENVIRONMENTAL HYPERSENSITIVITY IS A CHRONIC MULTISYSTEM DISORDER INVOLVING SYMPTOMS IN ONE OR MORE SYSTEMS OF THE BODY. (Thomson Committee Report 1985).

SUBSCRIPTION AND MEMBERSHIP

Membership in the Foundation includes a subscription to the HEF CANADA QUARTERLY which is published four times per year. Annual membership and subscription fee is \$20. WE INVITE NEW MEMBERS!

PRODUCT INFORMATION mentioned in THE QUARTERLY should be carefully evaluated for personal compatibility, since individual sensitivities vary widely. Mention of a product does not imply that H.E.F. endorses that product or service.

P R E S I D E N T ' S M E S S A G E

Hi! We are alive and well and growing. We are very pleased to welcome another new branch into the fold, HALIFAX-DARTMOUTH. The group, formerly The Allergy and Environmental Sensitivity Society of Nova Scotia, unanimously voted to amalgamate with H.E.F. Canada. We hope that this union will be all they hope it will be. [If any other regions are thinking of forming a branch, please read the following page.]

Thank you for getting those petitions filled out and back to your branches. Mr. Elston's office was duly impressed, and is arranging a meeting. Numbers and votes make a difference. Our fate is in our own hands. We are, can, and will make a difference. Keep up the good work.

Ecologically yours,

**Lynda J. Brooks, R.N.
National President**

The H.E.F. CANADA QUARTERLY is a communications line that belongs to all of us. We encourage your comments and contributions, your articles and inspirations. Take the time to share what you know.

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for their ongoing technical guidance, expertise, and use of their
reproduction and laser printing facilities.

Do you feel alone? Would you like to discuss Environmental Hypersensitivity with others? If so, why not start a branch in your area?

Environmental issues are becoming of greater interest all the time. Who knows more than we do about what can happen to humans? We need to show people how to take positive control of their lives before they become ill. We need to support other groups who feel the same way as we do (e.g. Canadian Organic Growers, Friends of the Earth, Human Ecology Action League, and others in Canada and the U.S.A.). Many people in these groups make excellent speakers for H.E.F. meetings.

Four or five people are all you need to start a branch. In Ottawa, we started with six people. There are now 309 members.

The national organization of the Human Ecology Foundation of Canada is willing to help you to get off the ground. We will supply you with the necessary materials and emotional support. At the first meeting, you can elect officers and decide on activities. Put a note in your local newspapers and you are on your way to success.

You will find that you will feel better being able to talk to others in the same situation as you.

If you are interested in starting a branch of the Human Ecology Foundation of Canada in your area, please write to:

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T H E I M P O S S I B L E C H I L D

by Doris J. Rapp, M.D., FAAA, FAAP
with Dorothy Bamberg, R.N., Ed.D.

[The following excerpt is from the book of the same name, published in soft cover by Practical Allergy Research Foundation of Buffalo, N.Y., and is reprinted with the kind permission of the author. Parents, "this book will enable you to recognize which children have allergies, or food or chemical sensitivities interfering with their ability to learn and behave normally".]

CAUSES OF SYMPTOMS INSIDE A SCHOOL

At times, the cause of learning problems is related to the odors from materials that are present in many schools or homes. These include cleaning materials, synthetic carpets, soft vinyl plastic items, wall paneling which emits formaldehyde, remodeling or reconstruction materials or the odor of various types of insulation or pesticides.

Other common offending odors include the smell or scent of perfume, aftershave, hairspray, aerosols, facial tissues, fabric softeners, chlorine, mothballs, new polyester clothing or tobacco.

A number of frequent odors inside schools are related to certain classrooms or activities. These include the smell of chemistry labs, industrial art supplies, printing or photographic equipment or swimming pool chemicals. The moldy odor in lavatories, shower areas, gyms, locker rooms, or near swimming pools also can cause symptoms. Mold-sensitive children may become ill in basements which have been previously flooded or in other areas of the school which happen to be damp. Some children can be affected by natural gas leaks from stoves, or the aromas of food in a cafeteria or in cooking classes. The odor of popcorn, for example, could permeate a hallway so that a youngster in a nearby classroom, who is exquisitely sensitive to corn, might begin suddenly to act in an inappropriate or unacceptable manner. The same is true if one child eats a peanut butter sandwich while sitting near a child who is extremely allergic to peanuts. The latter child can become ill with asthma, or begin to misbehave merely from breathing the odor of the peanut butter.

Other objects frequently found in classrooms or at home which could cause symptoms include odorous marking pencils, pens, crayons, putty, glue or paste, fresh newsprint, clay, Play Doh, mimeograph or chemically-treated paper, typing correction fluid, chalk, paint, art materials, pets or pet food or holiday decorations (e.g. Christmas trees).

Studies show that some children become hyperactive if they sit directly under fluorescent lights, or if they sit in close proximity to a television set. Some children will wiggle if they

are seated on a hard plastic or a Naugahyde chair, but will stop wiggling and sit quietly if they are seated on wood.

Remember: Ordinary school or household dust is a common problem for many children who have allergies. The dust in school auditoriums or in other infrequently used rooms commonly causes classical hayfever and asthma. Dust, however, also can be an unsuspected cause of changes in the affect and behavior of some children. If a child sits near a heating duct, for example, the circulated dust and odors from gas or oil combustion could trigger typical allergic symptoms or behavior problems.

On one occasion, at 1 P.M., a bus driver, unfamiliar with [a five year old] boy's sensitivities, insisted that he sit in the back of the school bus. He was driven about five blocks to another school. When he was taken home at 3 P.M. his mother noticed he was standing bewildered in the center of the road. He had lost his jacket, school lunch box and books. Confused after gym class that afternoon, he had put his left shoe on the right foot and the right shoe on the left foot. The boy stated he had no idea where his belongings were, his head was pounding and he felt terrible. He did not begin to act normal until 7:30 that evening.

The multiple chemical exposures which are ubiquitous in our society present a constant challenge for this child and his family. This child and parents are aware that he reacts similarly to the odor of perfume, the smell of his neighbour's lawn mower or to a few breaths of automobile exhaust. It is imperative that his teacher be aware of the role of odors in relation to this child's erratic school performance.

Causes of symptoms outside a school commonly include the odor of a school bus, freshly cut grass or weeds, weed killers or herbicides used on lawns, automobile exhaust from nearby roadways, outside factory pollution, nearby construction odors, freshly asphalted driveways, parking lots or streets, municipal tree spraying programs, or aerial chemical spraying of fields.

In particular, educators and parents should try to relate the occurrence of symptoms to a particular day, week, month or year. For example, if some children seem to have symptoms as soon as they arrive at school, a number of factors must be considered. The cause of a child's misbehavior could be due to exposures to plastic, perfume or tobacco, chemical air pollution or exhaust fumes on the school bus. (The latter is sometimes diminished if a child sits in the front of the bus.) It is also possible that a child's ability to learn could be affected by what a child ate for breakfast, the type of toothpaste that was used on a particular morning, or the odor of a cosmetic which a parent or child had used in the bathroom.

Children with chemical sensitivities often complain about odors before other students notice them. They may state that a particular smell makes them ill. Other children, ironically,

crave the specific aroma which makes them feel unwell. They may like the smell of marking pencils, glue or gasoline, and not recognize the effect these chemicals have on how they feel or act. Either an intensive dislike or an extreme craving could indicate a chemical sensitivity. Affected children frequently have a history of becoming sleepy, carsick or developing a headache whenever they ride in a car, bus or plane.

It is not uncommon to have a history of excessive chemical exposure prior to the onset of odor-related symptoms. For example, a massive chemical spill, or painting at home or school could be the initial exposure which precedes the development of an exquisite sensitivity to minute amounts of a wide range of chemical odors.

Any type of symptom can be associated with chemical sensitivities but the most common include fatigue or hyperactivity, weakness, headache, "a ballooned or fuzzy head", poor recall, joint pains, or leg muscles which can weaken, burn or repeatedly cramp. Some children become dizzy, limp, act inordinately tired, hold their head, appear to be unable to walk, or simply cannot perform normally in school if they are exposed to a chemical odor to which they are sensitive. Some develop heart irregularities. Such complaints are frequently erroneously labelled "emotional" when the basis is clearly physical and related to chemical exposures.

Sensitive children who are confronted with an unavoidable chemical exposure should be urged to hold their breath while they attempt to move to a less contaminated area. Temporary mouth breathing can help prevent some brain-related symptoms, such as unclear thinking. Breathing through charcoal masks can be helpful at times because fresh charcoal absorbs odors.

Remember: The best treatment for such a chemical problem is recognition of the cause, and avoidance. Sometimes temporary breath holding or mouth breathing can help diminish brain-related symptoms due to breathing offending chemicals. Regular outdoor recesses during school hours may be helpful for children who are affected by prolonged exposures to indoor chemical pollution. Individuals whose work is affected by these exposures may find that deep breaths of fresh, clean air and exercise can help eliminate the effects of some chemical exposures.

If teachers detect something in the classroom which appears to bother a youngster, an attempt should be made to eliminate the offending item. For example, if a pet in a classroom causes symptoms, the pet can be removed. If a teacher wears a particular type of perfume, hairspray or aftershave lotion, it would be helpful to discontinue the use of that specific type of preparation. If a child has difficulty sitting directly under a fluorescent light, move the youngster to a seat near a window. If a youngster has difficulty due to chalk dust, or the heating system, that child easily can be seated in an area remote from these exposures. If a child seems to have difficulty in one room

and not in another, it might be possible to change the child to a different room within a school setting. If the offending item is a synthetic carpet, for example, the child might have to be taught in a room that is not carpeted. If the chemicals used to lacquer lockers or lay new carpets are offensive, some children may temporarily have to use different routes within the school to avoid the problem areas. Merely omitting a favorite food from a child's diet, or moving a child into a different classroom may resolve a previously impossible situation. A child who previously could not sit still long enough to learn, may surprise an experienced, exasperated teacher by performing well beyond anyone's highest expectations.

Years of unacceptable habit patterns and responses in children cannot be altered overnight. Once the causes of behavior and learning problems are removed or treated with appropriate allergy care, many children will manifest an improved attitude and performance. The favorable response is sometimes noted within a few days or weeks by anyone who knows these children. Once a child has begun to respond to a comprehensive allergy medical approach, counseling may prove to be most helpful, even though it might have been ineffectual in the past. Many children require behavior modification therapy if they have had years of subtle and overt rejection and discipline because of their unacceptable behavior and performance. Their decimated self-images need all the help they can receive from those who care. Not infrequently the children appear to be unable to remember what they did or said when they reacted to a food or chemical. While this could be denial, some children truly seem to have no recall about their intolerable behavior. When some children react, parents and teachers often comment on their "spaced out" look and inability to comply with sensible requests. Once these children begin to be aware of their problems, both the children and their parents need to modify their previous patterns of response. Counseling and psychological guidance at that time are most essential.

Parent-teacher associations should sponsor presentations to explain the role of foods, chemical sensitivities and typical allergies in relation to the school performance of some children. The school library can be encouraged to purchase some general books that describe behavior and learning problems in relation to food and chemical sensitivities or traditional allergens. These books should be available for parents, as well as for teachers, who want to learn more about this topic.

Medical problems can be complex and multifaceted. Unusual responses to foods, chemicals or allergenic items might be one major, significant, missed aspect related to a child's problems in school.

* * * * * * * * *

'DAYSHIFT' DISCUSSES ENVIRONMENTAL HYPERSENSITIVITY

[EDITOR'S NOTE: On May 5 and 6, 1987, C.B.C.'s 'DAYSHIFT' radio program host Erika Ritter spoke with environmentally ill patient Wendy Anand of Chester, N.S., E.I. patient/physician, Dr. Gerry Ross of New Minas, N.S., and Toronto Clinical Ecologist, Dr. Jozef Krop, in the first two parts of a series of three items dealing with ecological illness and environmental hypersensitivity. BRAVO AND THANK YOU to producer Debra Smith, who put the series together, and to 'DAYSHIFT' Executive Producer, Ann Gibson for granting permission to transcribe and reproduce what you're about to read. WELL DONE, 'DAYSHIFT'! MMN]

ERIKA RITTER: Let's make it clear to what degree you are environmentally hypersensitive. You are out in the world, not living in a bubble as some people are. You're out working, meeting people, doing the things most people do. However, in the studio in Halifax, where you are now, what are you allergic to?

WENDY ANAND: They're doing renovations here, so there's paint fumes, fumes from the drywalling, and dust. As I look around the studio, just about everything. There's carpeting, and what's on the wall is a fabric that I'd be sensitive to.

ERIKA: So here you are, facing all your worst enemies. What do you do in situations like that, where you walk into an environment, and you can note, almost immediately, that there are all kinds of things in there that activate your allergies?

WENDY: The thing is, I've been working on my condition for the past four years. I've been under treatment, so that my body can take a lot more stress than it used to be able to in terms of environmental stressors that I'm sensitive to. If I balance my time between places that are unsafe, and places where I can control my immediate environment, in my home and my car, then I can reach a balance of health if I take care of every other thing in my life.

ERIKA: There's a kind of a threshold, I guess. You can take a little of what's bad for you, but not too much. Let's go back to the beginning. You realized your hypersensitivity some time ago?

WENDY: I became very, very ill in 1981, but I wasn't diagnosed until 1983, so I spent two years basically in bed and suffering from all kinds of symptoms that seemed unrelated at the time. I was undiagnosed for that whole period.

ERIKA: What was that like? Were you going from doctor to doctor?

WENDY: Very much so. I had various symptoms in many different parts of my body, and in different organ systems, so I'd go to a specialist for one particular symptom, and when nothing checked out there, I'd go to a specialist for another symptom, just sort of trying to work down the way in case you found something that

tied it all in together.

ERIKA: So each of these doctors were willing to accept that there was something wrong with you, physiologically, but they couldn't figure out what it was.

WENDY: In the beginning, they were willing to accept that, but after a while, with a chronic illness that is undiagnosed, they tend to think it's in your head.

ERIKA: Oh, right. So did you go to a psychiatrist to try to establish that there was, in fact, a physical base?

WENDY: Oh, yes. I went to three, in fact.

ERIKA: What did they say?

WENDY: They said "Oh, you're fine. Go back to the doctors."

ERIKA: And through all this, how did you feel?

WENDY: Miserable. I couldn't breathe very well. I had extreme chest pain. That was the debilitating factor. If I sat up, anything other than the perfectly flat position, it would make me feel violently nauseated. I was so weak and fatigued during this period that I couldn't walk the length of the hospital corridor.

ERIKA: How did you finally find somebody who could help you?

WENDY: Fortunately, I read a magazine article about other people who were totally sensitive to their environment. Everything sort of fit into place; their histories, my histories; their symptoms and that sort of thing. So I wrote away to some of the self-help groups, there are a couple of foundations. I got more information, and it seemed more and more to be the right route. I eventually wrote to a couple of clinical ecologists for their opinion, and to see whether or not it was worth my while to try to get to Toronto to be tested. Again, it sounded like it was the proper route, so I did go.

ERIKA: And were tested? And were able, by that means, to determine what things it was that you were allergic to?

WENDY: Yes.

ERIKA: Tell us about a Clinical Ecologist. What sort of job description is that? Is it a doctor?

WENDY: Yes. They're all medical doctors. Most of them are sensitive themselves, and most of them came to the realization that traditional medicine wasn't helping them. But then they heard about clinical ecology and went and studied it themselves, or were treated first, and then decided to treat their own patients in that manner. They treat people in a very holistic manner, so not only am I treated for my sensitivities, and given

desensitizing drops and injections, but I'm also educated as to what I can do to change my immediate environment to make it safer, and how I can avoid things that will overload my body.

ERIKA: You gave us examples relative to the studio of what kinds of things you're hypersensitive to, but can you give us examples of what, in your general life, activates your hypersensitivity? What kinds of chemicals? What kinds of products?

WENDY: Most things that people consider normal, in a home, in terms of cleaning products, different kinds of paints and varnishes, most things that people have in their everyday lives. I've recently done a workshop on indoor environment, and on how there's so much pollution in your home environment. It's one of the areas that I can control, and it's a place where I spend a fair amount of time, so if I keep that as clean and safe as I can, then it will help my body to cope with places like this.

ERIKA: What would you have for cleaning products in your own home? You can't have products based on ammonia, for example?

WENDY: That's right. Or chlorine. I can't tolerate most petroleum based products, and they're pervasive throughout everywhere. I use a lot of old-fashioned things, like Bon Ami, baking soda, and washing soda. There are some companies that create things specifically for people with my sensitivities. There are some non-perfumed personal care products, though most deodorizers these days have perfume in them, and most paper products are perfumed. It's just a matter of researching it, figuring out what other people with my condition can use, and trying that personally. Some of them I can use, and some of them I can't.

ERIKA: When you mention things like petroleum, I assume that extends to the petrochemicals, to things like vinyl, saran and plastic, that all of us take for granted in our environment.

WENDY: Yes. They're the hardest, really, to avoid.

ERIKA: Is waxed paper okay? Or has that got petroleum in it?

WENDY: It's a problem. Usually it's aluminum foil, sometimes cellophane, though cellophanes are harder and harder to find these days. Old-fashioned types of products are more tolerated, because they tend to be made from natural fibres and things.

ERIKA: This tells us something about the world we've made when, obviously, even though your degree of sensitivity is greater than most people's, it's probably suggestive of the kinds of things that are harder for most of us to tolerate. Then there's everybody's favourite, urea-formaldehyde, which hasn't turned out too well for anybody, and I guess is particularly bad for you.

WENDY: That's right. And there is formaldehyde in a lot of products that most people don't even think about. A lot of fire-retardant chemicals are formaldehyde based, and when you think of

how many products in your home are fire-retardant, and think about paneling and plywood, you realize that all of those have formaldehyde and various other chemicals in them, as well as the glues.

ERIKA: And even things like textiles. Some of them are treated to make them perma-pressed. They're treated with some formaldehyde variant, aren't they?

WENDY: Yes. So clothing is another thing. Basically, you have to be careful of everything ... your food, your clothing, your products, your house, your car, everything.

ERIKA: We haven't talked too much about food. Can you tell us how you handle the dietary problems? What do you eat, and in what sort of schedule do you eat it?

WENDY: In the beginning, when I was first tested, I was allergic to all foods which I had eaten commonly, most things that I ate more than three times a week, even in hidden ingredients. They all had to be eliminated from my diet for six months, which made it tricky, because that included grains, milk, beef and so on.

ERIKA: All of Canada's food groups.

WENDY: Exactly, and so in the beginning all I could eat were foods that I hadn't commonly eaten before. Everything I eat, even now, is on what they call a Rotary Diversified Diet. Each food is grouped into a biological family, and if I eat something today from the citrus family, whether it's an orange or a grapefruit or whatever, I can't eat anything from that family for another four days. So everything I eat, herbs and main foods, and teas, and oils, and all of that, are rotated in that manner.

ERIKA: That obviously makes things like dining out really difficult, because you sometimes don't know the specific contents of what you're eating in a restaurant.

WENDY: That's right. Certainly in the beginning I couldn't, because most people in the restaurant don't know what the ingredients are. But now, my health has returned to the point where I can, and do, cheat for my mental health every once in a while, and go out and eat in a restaurant.

ERIKA: I suppose if you're allergic to things that you've commonly been eating, you have to try to find real exotica that you've never eaten before. Did you find anything good that you'd like to recommend to us in the exotic food department?

WENDY: Well, I had to eat a lot of game meat for a while, because I hadn't eaten that before. Now I love it. I really enjoyed bear, for instance. And I had to eat a lot of soy bean products, and things like that, that I'd just never taken the time to get used to. Actually, I love all foods, so I'm not the one to ask.

ERIKA: But as long as you keep it on this four day rotation, you can have bear every four days, for example. There is a relationship, isn't there, between being addicted to certain foods, and at the same time, being allergic to them?

WENDY: Yes. I'll try to explain it in terms of an addiction most people do understand. I would compare it to an addiction like alcohol, where it gets to the point that if a person drinks every day for a period of time, before it goes beyond this, they can maintain feeling good. It's the same with people who might drink milk every day. When they feel a headache coming on, or they get irritable, they'll drink a glass of milk, and it will keep them feeling better. But what that is setting up, really, is an allergy-type addiction, and it gets to the point where the headaches are getting so bad that it doesn't help, and in fact is making it worse.

ERIKA: So the very thing they are craving to answer the problem is also prolonging and increasing the problem.

WENDY: Right. And what you have to do to test that theory, is say "well, I've had these headaches, and the only thing in my diet that I've had all the time is milk", then stop drinking milk for a couple of weeks. You test yourself by then drinking a glass of milk, and seeing if it's going to bring back the headache.

ERIKA: When you are compelled to be in an environment that you can't control, for example when you want to socialize and there's smoke in the air, or you have to take your car into the garage and it's full of exhaust fumes, do you have antidotes that you take with you to help you in those situations?

WENDY: Yes. I get drops and injections that are both desensitizing and also can reduce a reaction. And there are other ways of controlling a reaction. I have an oxygen tank in my car so that if I've been in a place that's particularly offensive for me then I can take a shot of oxygen for five minutes and that reduces a reaction. If it gets beyond that, things like Alka Seltzer Gold will settle down a reaction, too, so there are things we can do.

ERIKA: What component is in Alka Seltzer Gold that would help?

WENDY: An allergic reaction is sort of an acidic response, so the [alkaline] Alka Seltzer [neutralizes] that response, calms the reaction, and at the same time, cleans out your system a bit.

ERIKA: When you started to notice reactions to things, what kinds of specific reactions were you getting?

WENDY: Actually, some of my reactions came before the crisis in my illness. I had, for years, bowel problems like chronic diarrhea, and for several years I had chronic laryngitis, but neither of those were debilitating enough to affect my lifestyle.

When I got really sick, it was after a bout of mono, so I never actually recovered enough to have acute reactions. All my reactions at that point were so chronic that it was just severe fatigue, and everything at once, so that I couldn't say "this causes this", but I might have an immediate headache or more severe chest pains, or I'd get pneumonia fairly frequently.

ERIKA: I think everybody listening to you right now is probably feeling the same way I do, which is incredibly impressed with your attitude, because what you're describing is ... I understand that things are obviously better than they were when you didn't know what was the matter, and at least you know now what was the matter and how to work on it, but ... it's an incredibly exhausting regime you're talking about, where you have to plan things and prepare yourself against every possible emergency that could arise and so on. How do you maintain positive feelings about this very difficult condition you're describing?

WENDY: The way I am now is so much better than the way I was that I think life is wonderful right now. You go through the tears, and you go through the "poor me", and all of that, and you have to. I think a positive attitude in any sort of chronic illness is an essential ingredient to getting well, and I have wonderful friends. I just have to keep going, and I do, and I enjoy it.

ERIKA: Are you steadily improving though? Will there come a point when you've gotten past all of this?

WENDY: From the research I've done, for people with as severe a condition as I started with, it takes about seven years to get to the point where you don't have to watch everything as closely as you did, but really, the condition is like diabetes, where, if you want to maintain your health, there are certain dietary limitations, for instance. So it is still a chronic, and will always be an ongoing, consideration in my life, for certain.

ERIKA: But the possibility is that you could improve from where you are now, even, just as you improved from where you were before?

WENDY: I hope so.

ERIKA: I do too, and thank you very much for talking to us, Wendy. That was Wendy Anand from Chester, Nova Scotia. Not many doctors recognize the hypersensitivity phenomenon yet. Those who do, in fact, are often hypersensitive themselves. We have two doctors who are going to talk about this problem. Dr. Gerry Ross is a family doctor in New Minas, N.S., and in this case he's also a patient. Dr. Jozef Krop is a clinical ecologist, and a doctor in Toronto. I feel fortunate in this instance, because this ailment sounds terrible to me. We're talking, in fact, about a variety of allergies or sensitivities. Perhaps, Dr. Krop, you can give us a general idea of some of the symptoms these patients have.

DR. JOZEF KROP: Very often, predominantly, the symptoms are coming from the central nervous system [CNS]. People are quite tired, and they may be depressed, irritable, nervous, tense. They are not able to sleep. Some other very common symptoms come from the gastrointestinal tract, and you may have bloatedness, constipation or diarrhea intermittently, plus general malaise, muscle aches, bone aches, and joint pain. Any kind of a system can be involved. You can also have involvement of the cardiovascular system when you feel that your heart is pounding, you have chest pain, and on top of it, you can have a stuffy nose or could be headachey, congested, you can have rhinitis, plugged nose and ears, and feel like you're not feeling too well ...

ERIKA: Dragged out, I think, is the technical term for that. Now everybody, at some time or another, has experienced one or a number of these symptoms in conjunction, but I suppose it's when you put them all together and they have this kind of persistency, that you start looking at the possibility of hypersensitivity. Can you tell us what causes these things?

DR. KROP: Obviously, we all feel, at one point of our lives, that way. The reasons could be quite different. Generally speaking, those symptoms would be quite severe and persistent, and a patient would usually see very many doctors and be told that these things were "in their head", and they have to learn how to live with them. When they finally find the doctor who can understand their problems, we start to specifically go to their diet, to their environment where they live, and we can find the causes of those particular symptoms, or the triggers which are causing them. It usually takes quite a time to find out, because those people are sick, at least in my practice, for at least five to fifteen years, and nobody had been able to solve their problems. You have to study them for a considerable amount of time, and you finally find out that there was, at some time in their lives, some virus that they had, like mononucleosis or hepatitis, and then they usually say "and from that point, I never felt the same". You can also find out that those people renovated their house, or had been using excessive amounts of chemicals, or had been working in a building that had very poor ventilation and had carpets and toxins around, and they gradually started to be sick. In some of the patients, you cannot really pinpoint it so easily, and at that time, very often, we do contribute those things into the so-called "Total Load" when we find out that people, over the years, have been exposed and worked in different areas where they have been intoxicated. Finally, they cannot carry any more, and they become sick.

ERIKA: Let me talk to the patient here. Wendy Anand confirmed a lot of things you're saying, like beginning with a viral infection or tracing back the fact that she'd exposed herself to different kinds of chemicals with home renovation, and so on. Let me ask Dr. Ross how all of this happened to him. Is this a familiar catalogue of symptoms and causes?

DR. GERRY ROSS: You're right when you call me a patient, Erika,

because I'm a doctor in transition, I think. My difficulties began when I went through many of the symptoms that Dr. Krop describes, and had a great deal of difficulty in ultimately getting diagnosed myself.

ERIKA: What did you discover was going on in your body that would create these kinds of reactions?

DR. ROSS: Well, I was ultimately assessed and treated in a special hospital environment in Dallas, Texas, by Dr. William Rea, who's probably one of the best known clinical ecologists in the world. I was found to have drycleaning fluid in my blood, and it was apparently from a contamination of our town's drinking water.

ERIKA: Wow! So this doesn't bode too well for the other people in town either.

DR. ROSS: You raise an interesting point, because everybody is uniquely different in how they may react to things. The levels of this drycleaning fluid that was in my blood were not terribly high, but the physicians who I saw thought that I was particularly sensitive to it. I often describe the scenario that if you put a hundred people in a field of ragweed, perhaps 95 out of the 100 would do very well, with no symptoms whatsoever. Maybe 3 of them would get some hayfever symptoms, and maybe 2 would get very seriously ill with asthma. So we're all individually different in how we might react to things in our environment.

DR. KROP: Nevertheless, if you consider toxins, I think we are all going to be finally sick from them, and it's only a matter of time, and a matter of the dose. I think we have to think about these things very seriously in the future ... we as the whole society, and the medical profession particularly.

DR. ROSS: There's not much doubt that people are becoming more and more sick from the buildup of exposures to things in their environment, and I believe that physicians will be seeing more and more people who have bizarre symptoms that aren't explained in the classical medical ways.

ERIKA: So in fact the people who are getting sick now, are kind of bellwethers, who are the vanguard of the people who are going to get sick in the future. However, I get confused between you saying that everybody is individual and responds differently, and the tendency of the media to create plagues, or at least to play them up. For example, there's one going around now which is called Epstein Barr Syndrome, known familiarly as 'Yuppie Disease', a kind of debilitating, fatiguing, generalized ailment. How does that fit into the hypersensitivity thing, or does it?

DR. ROSS: It's interesting, because there is a correlation between this business of chronic Epstein Barr Virus infection and the development of environmental hypersensitivities.

Statistically, there's a correlation there. And statistically, there's a correlation between certain genetic characteristics, and the acquisition of that 'Yuppie Disease', so called. So there's many components of this that we don't understand, but often people who develop environmental hypersensitivities will say that it all seemed to begin with a viral illness, and I'm sure that Dr. Krop can confirm that from his experience.

DR. KROP: That's absolutely true. Nevertheless, I'm taking a little different standpoint on these things. I think that we had, in the past, also very many different viruses and bacteria which were affecting us, but we never had such a contaminated environment as we have at the present time, and we never had susceptible hosts, such susceptible people who are all contaminated. All of those viruses that have been dormant for years, not giving us too much problem, suddenly are growing out of proportion. We're having little viruses which in the past, never had any problem. Usually if you had the virus you'd be back at work in two weeks, but now we see something different. With all of these compromised immune systems, we're not able to cope with the so-called, quote, normal things in our environment.

ERIKA: Given what you're both saying about the increased susceptibility to this kind of thing, and the increasingly polluted atmosphere and so on, how is the medical community generally responding to this? Let me ask Dr. Ross. When you were first aware of being ill, and trying to figure out why, what sort of response did you get? And what sort of response did you get once you were diagnosed?

DR. ROSS: Basically, it was a very trying time in my life, because I had some bizarre symptoms that didn't seem to fit into classical diagnoses. When one begins to raise the possibility of whether there's some sensitivity component going on, most of the classically trained physicians will be rather skeptical about that possibility. Now, in my circumstance, I had a neurological condition that produced some very objective electrical abnormalities when certain things were measured in nerve conduction. So I was known to be significantly unwell. But most patients go through a whole series of different physicians without any confirmed diagnosis, and the way, unfortunately, that we're trained, is that we go through our repertoire of different diagnoses and different investigations, and many of the tests are normal on these patients. And when we run out of diagnoses, we begin to wonder whether this might be a psychiatric problem. That can be unfair to the patient, because it simply may be that our repertoire of diagnoses and knowledge is not yet large enough. When I was found to have this problem in my blood, we tested a number of patients in New Minas, and there were two individuals that I'd like to briefly tell you about. We took their blood and analyzed it for these various chemicals, and although they did not have the drycleaning fluid in their blood, they had a very high level of a chemical that they call xylene. These individuals lived in different communities, but they worked in the same office, and when I called the lab that did the analysis, and said

"this must be a mistake", he said "no, by far and large, the most common cause of that is a brand new carpet". And lo and behold, they had a brand new carpet in a brand new office in this place where these people worked, and that chemical was being absorbed by them, being stored in their fat, and being circulated in their blood. And they had no particular knowledge of it. It's scary to think that there are all kinds of things that we may be exposed to that are having a buildup effect. They didn't have any particular symptoms, these were healthy individuals, but it was done as a screening type of test and both were very much surprised to find that they did have this chemical in their blood, so it's just a matter of time.

ERIKA: Dr. Ross, in your particular case, given your level of hypersensitivity, what kind of treatment works for you?

DR. ROSS: Basically I have to maintain myself on what we call a Rotary Diet, where I'm not exposed to any one particular kind of food that I may react to very frequently. I'm also on a nutritional supplement program, and I have to do my best to avoid certain kinds of environments. If I'm exposed to automobile exhaust, for instance, I'll get symptoms of pains in the joints, and burning, scalding patches on the skin, and a variety of other things. Other chemicals may do the same thing. The same thing happens with synthetic fabrics, or solvents and cleansers and so on around the house. This seems to be the typical pattern that many people develop with environmental hypersensitivity.

ERIKA: So you combat it by a combination of first of all trying to avoid it, and secondly, if you can't, are there antidotes or symptomatic relief for you?

DR. ROSS: There are antidotes that can be used with some allergens. An allergen is something that produces a reaction. For a while, I had to use those kinds of antigens to neutralize reactions, but my health has improved enough to the point now that I don't need that, and it's just as well with me, because it tends to be a nuisance. It's a big part of a patient's life if they have to stick themselves with a needle several times a day.

DR. KROP: There is a kind of misunderstanding about this environmental sickness and clinical ecology, and everybody likes to put the negative view on that, that people have to live in bubbles and have to separate themselves totally out of the environment. I have a number of patients who did absolutely well, and who almost totally recovered. Usually, in the media, our opponents always and already try to degrade the whole entire situation. They are going to dwell on those who were very sick and did not do particularly well, but we have a number of patients who have done what we asked them to, and have started to feel that they're able to return to work and able to function reasonably well. The only question is, here, that they have to be careful. They cannot go back to the work where they have been originally polluted and where they got sick, otherwise their sickness will start right away.

ERIKA: You mentioned opponents, which I guess are people in the more conventional branches of the medical profession who, as Dr. Ross has said, are used to treating things in a certain way, and are having trouble readjusting mentally, but what's the prognosis for the acceptability of what you are both talking about ... the awareness that for certain people, and perhaps, eventually, for all of us, our environment is going to have to be treated in some way like a disease that we have to deal with? Ultimately, is clinical ecology going to be something that is accepted as simply another branch of medicine? Maybe I can ask Dr. Ross first.

DR. ROSS: I believe that it will, Erika. It may take time, but I think that the key factor in this is the willingness of the people who hold the purse strings, and that is government, to take a fair-minded attitude and to establish the milieu in which reasonable study and analysis of the techniques and the therapies of clinical ecologists can be evaluated. And evaluated in conjunction, and working with, other classically thinking physicians, because I believe in that circumstance we will have the ability to, number one, save the government and the people a great deal of money, and to save these patients, who've been suffering for a long period of time, a lot of grief.

ERIKA: I know that both Ontario and Nova Scotia have had reports on clinical ecology and environmental hypersensitivity. Dr. Krop, do you think that the kinds of things that came out of those reports are helpful to the whole clinical ecology concept?

DR. KROP: I don't know how helpful this was for Nova Scotia, as I find that this report was quite negative. Nevertheless, our Ontario investigation, headed by Judge Thomson, had been quite positive, and I think this was a historical moment when the government did recognize that there is such a thing as environmental hypersensitivity. They did recognize that there are patients who suffer, and something has to be done.

ERIKA: Before we close, I'll get a comment from Dr. Ross about Nova Scotia. What negative response came from the government there?

DR. ROSS: Basically, I think that the government has been reasonably fair-minded in this. There was an advisory committee of physicians that looked into the whole issue of environmentally hypersensitive patients, and clinical ecology in general, and their basic finding was they could not support the philosophy and the concepts, but the government is going to be setting up a kind of an advisory committee of physicians to look at patients who very well may be environmentally hypersensitive. I think that in my books, that the government from their point of view has been reasonable. They haven't taken any one stand or another, and I hope they will continue to keep an open mind on it. The negativity that we're speaking of is the response of a committee of physicians that has looked into the question. The government has acted reasonably in the matter, and I don't think they've closed the door on these people by any means. I believe they have the

best interests of the patients in mind.

ERIKA: Hopefully the door won't be closed, because this is obviously something you can't deal with by closing the door. I appreciate your coming in to talk to me about this. Thank you.

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[EDITOR'S NOTE: My interest in the interviews you've just read is a very personal one, because at the time of my initial diagnosis of multiple complex allergies and environmental hypersensitivity, I had been co-host of a national jazz program on the C.B.C. Radio and Stereo networks for five years. By late 1979, I had begun to realize, to my horror, that the migraine headaches, gastrointestinal problems (including gallbladder pain and ulcer-like symptoms), manic-depressive cerebral reactions, laryngeal edema, asthma and arthritis, were all directly related to the "hostile environment" of the studios in which we recorded our weekly programmes. The reactions I suffered during live concert appearances were even worse than the in-studio problems. I would walk out on stage to introduce the musicians, and find myself stuttering, stumbling, absent-minded and mentally confused. Not surprisingly, I had to refuse opportunities to participate in any further concerts after a particularly devastating evening when I experienced severe physical and cerebral reactions on-stage in Toronto's Massey Hall! As short a time ago as 1980, it was difficult to explain the malady of environmental hypersensitivity to an employer, and there was little sympathy or understanding available to people like me, in C.B.C. or elsewhere. I had to leave the career I'd so loved behind me, and learn how to "heal" myself while trying to deal with a world that still chooses to believe our environment cannot cause the bizarre, multi-system symptoms so many of us live with on a continuing basis. To this day, my brain "short-circuits" when I am exposed to synthetic fabrics, perfumes, petroleum products (like polyester recording tape) and other common substances in our home and work environments. If I'm careful, I have control over what happens to me, and can use my skills and experiences (both personal and professional) to assist in increasing the awareness of environmental illness. A final thought: I know how hard producer Debra Smith worked to get this "controversial" series on the air, and hope you'll join me in wishing her and the others involved in the now defunct 'Dayshift' program good luck in their future endeavours. Dr. Krop and Dr. Ross have more information to share with us elsewhere in this edition. Be good to each other! MMN]

LIFE IS LIKE MUSIC, IT MUST BE COMPOSED BY
EAR, FEELING AND INSTINCT,
NOT BY RULE. (Samuel Butler)

CLINICAL ECOLOGY, SURVIVAL AND THE PHILOSOPHY OF MEDICINE

by Jozef J. Krop, M.D.

ABSTRACT

There is increasing pollution of our water, air, food, homes, schools and workplaces. Uncontrolled dispersion of toxins and radioactive materials into the biosphere is affected by industrial farming and heavy industry. Toxins, as free radicals, are contributing to degenerative diseases and particularly to a malfunctioning central nervous system (CNS). They also contribute to the decline of individual and societal ethics. Acid rain decreases magnesium in the soil, the only micro-element uniting animal and plant kingdoms, through photosynthesis, with our solar system. The crisis of medicine today lies in the 17th century Cartesian philosophy generally accepted in medical schools. A solution lies in a return to the Hippocratic understanding of a patient's problem in relation to his environment.

Keywords: Pollution, ecosystem, photosynthesis, magnesium, brain malfunction, ethics, prevention, cost-effectiveness, Descartes, Hippocrates.

Development has always held the potential for self-destruction and today, unless we become aware of the functional harmony of life on this fragile planet, we may fulfill that potential. We discuss the effects of the environment on forests, agricultural land, plant and animal species, but virtually ignore the real threat to the very existence of the human species. Good health and the prevention of premature death and suffering are goals which all people value.

The elements of modern geopolitical systems are inter-related. In harming our neighbour we harm ourselves (1). Every day new information surfaces about the increasing pollution of the entire ecosystem, the spreading of many industrial and military toxins into the biosphere, the spreading of pesticides and herbicides (2), about radioactive dust present a thousand kilometers from the site of an explosion (3) and universally present acid rain (4). Many industrial wastes are bio-chemically active in the form of "free radicals" which eliminate from the natural environment and the food chain very important minerals such as zinc, magnesium, selenium, cobalt and vitamins C and A. These elements are natural antioxidants providing protection against degenerative and neoplastic processes (5, 6).

Acid rain removes from the soil magnesium which, in chlorophyll, is the one vital mineral necessary to the process of photosynthesis. Without magnesium, a plant cannot produce oxygen and without oxygen we cannot survive (7, 8). The complementary worlds of plants and animals can only exist in a state of dynamic equilibrium which must be preserved. Today's worst crisis is an ecological one which cannot be solved locally.

It is known that in situations of unethical action and wrongdoing, there are pathological processes and/or external factors influencing the functions of the brain. Many people would be unable to commit transgressions without the influence of alcohol or drugs. A similar effect can be brought about by heavy metals such as lead and various chemicals occurring in our food, polluted air, contaminated water, workplaces and homes (9).

Various pathological phenomena, such as poor human inter-relationships, aggressiveness, crime without motivation and terrorism, have their roots in a malfunctioning brain overloaded by toxins.

Neurobehavioural Toxicology proves that toxins in a very small dose can damage the human brain and cause a variety of behavioural and emotional symptoms such as hallucinations, confusion, depression, loss of memory and decreased intellectual functioning (10, 11, 12).

We know that a human being is only able to maintain his integrity, identity and sovereignty as long as his psychological processes are energetically supported by the correct supply of nutrients. Intoxicated brain function becomes clinically abnormal. When the battery of a calculator begins to weaken, the calculator can perform only simple functions and fails with complicated ones. A polluted brain works, by analogy, in the same way. It can perform its basic functions of maintaining breathing, circulation, instincts of hunger and sex, but higher functions, such as love, friendship, sharing or social responsibility are distorted. So one can propose that moral philosophy and ethics are ecologically conditioned; that man, in destroying his environment, destroys himself, and his fading sense of guilt leads to further destruction of his environment (13). Important investigations into the interrelationship between ethics and the environment are being carried out by Prof. Dr. J. Aleksandrowicz of the Jagiellonian University in Poland.

It would be easier for many of our political leaders, executives and scientists to acknowledge this threat if people were dying massively from environmental pollutants. Unfortunately, this poisoning does not appear, in the majority of cases, in an acute form, but manifests itself as the chronic diseases of civilization which include cardiovascular and collagen disorders, neurological disturbances, schizophrenia, environmental hypersensitivity, cancers and a totally malfunctioning immunological system in the form of AIDS.

Clinical ecologists are the first among the world community to clearly realize this threat and are often successful in treating and preventing environmental illness thanks to the pioneering work of Randolph (14) and others. Drs. W. Rea (15, 16), F. Waickman (17), and I (18) have also shown the preventive and tremendously cost-effective character of clinical ecology. Based on these studies, the ratio of standard medical therapy cost to ecological therapy cost is 10:1. So we have to ask why

Clinical Ecology is so vehemently criticized. Why are there so few ecologists and wherein lies the problem of acceptance?

The failure to understand the cause of the disease process and its multi-systemic manifestation lies in the 17th century Cartesian philosophy (19), deeply rooted in the medical schools of the North American continent. This philosophy applied to medicine understood that the human body is a machine. This led to a division of the human body into many anatomical parts and created more and more specialists for different organs with a lack of understanding of the relationship among these parts.

Another devastating influence of Cartesian philosophy lies in its dualism; where there is no interaction between the body and the mind. This creates a strict division between sickness starting purely in the brain or purely in the body with no understanding of its unit and relationship between the two and with the environment. The strict application of pure science into medicine today leads into a situation of "science for science" with no practical solution for problems in spite of their common sense and simplicity of existence.

There is a tendency to believe that many modern civilization diseases cannot be helped because the therapeutic methods have not been proven scientifically. Double-blind studies either have not been performed or failed to prove the validity of the methods. This strict application of pure science into medicine creates among many physicians and their patients a feeling of therapeutic nihilism, which means that nobody can be cured or helped if applied methods have not been scientifically proven. This approach clearly indicates to us why, in spite of visible deterioration of our environment, there is still a request for more and more studies required by the scientific community and governments who employ them. This is the reason why the Judge Thomson Committee Report (20), in spite of its acknowledgement that many people are sick from environmental causes, has to be studied and reviewed by another panel of scientists. Meanwhile, sick people who are affected by the environment still do not have the appropriate care and support they deserve.

Preventive medicine can only develop if, in its teaching, it returns to the basic philosophy of Aristotle, who stated many centuries ago that "to understand the man, we have to understand his world, the environment he lives in." This leads us further into the Hippocratic teaching that "Medicine is not a science but an art." Another fundamental Hippocratic statement was that "Every disease has its own nature and arises from an external cause." (21)

Hippocrates taught us about the effect of food, occupation and specific climate as a causative factor of many diseases. One of his books titled 'Air, Water and Places' would be considered today to provide a fundamental basis for human ecology as practiced by some clinical ecologists. Hippocrates also states as part of his oath an ethical code adopted by many medical

schools throughout the world, that "The regimen (treatment) I adopt shall be for the benefit of my patients according to my ability and judgement." This means that patients do not need to wait until science proves ecological methods. Patients need help now.

There are several areas in which changes can be instituted to prevent many diseases in today's society. At home, the individual patient should institute an ecological management program by:

- (a) creating a safe and clean home environment;
- (b) changing the lifestyle for the entire family (diet, non-smoking, exercise, etc.);
- (c) creating harmony and mutual understanding within the family.

In the workplace, the main effort should be eliminating the "sick building syndrome" by:

- (a) the use of safe materials for interior furnishings;
- (b) better systems of ventilation;
- (c) banning the use of tobacco;
- (d) re-evaluation of threshold values;
- (e) cease indoor pesticide use;
- (f) creating a sense of cooperation between employers and employees.

The schools should:

- (a) cease indoor painting during the academic year;
- (b) cease indoor pesticide and outdoor herbicide spraying;
- (c) use safe teaching materials in classrooms;
- (d) use safe cleaning products in school maintenance;
- (e) use safe heating systems and water supply;
- (f) use safe flooring;
- (g) create environmentally safe classrooms for children with environmental hypersensitivity;
- (h) begin early nutritional and pollution awareness education.

In general, we should:

- (a) strive not to "conquer" the environment but rather learn how to live in harmony according to the laws of nature, to realize our place among organisms and admit our obligations toward our global neighbours and future generations (23);
- (b) decrease our dependence on materialistic goods;
- (c) stop the pollution of our air, water and food supply;
- (d) promote organic means of pest control;
- (e) encourage cooperation with organic growers' associations to institute safe agricultural methods;
- (f) obtain recognition of the existence of environmentally ill patients;

- (g) establish funds for research into environmental sensitivity;
- (h) create environmentally safe half-way houses created for those patients discharged from an environmental control unit or who are recovering from chemical exposure;
- (i) add Clinical Ecology and Environmental Medicine to the curriculum of medical schools;
- (j) make ecologism the philosophical basis of medicine;
- (k) introduce the concept of ecological ethics to our political leaders, corporate executives, scientists, teachers, health professionals and our youth;
- (l) return to a Hippocratic understanding of medicine.

A very real threat to our survival comes from the persistent destruction of the life-support systems this planet provides us and we need to re-awaken an ethical philosophy for dealing with the complex issues facing us today.

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STRESS CAN BE PAINFUL

Doctors have long been investigating how stress plays havoc with the cardiovascular system: It raises blood pressure, increases heart rate and may increase the risk of heart attack. If that's not enough to send you running for relaxation, you may find the results of a new study more compelling: Stress can actually cause pain. Thomas F. Lundein, D.M.D., co-director of the clinical pain program at the University of North Carolina, and a colleague looked at facial pain and stress levels in patients with muscle pain and joint pain caused by TMJ (temporo-mandibular joint) dysfunction (a jaw disorder). Patients with muscle pain reported significantly higher levels of stress. And for most people, the greater the degree of stress, the greater the degree of pain. No such relationship was found in the patients with joint pain.

"Stress leads to excessive muscle activity which is not done consciously - clenching one's teeth, for example," explains Dr. Lundein. "The more stressed you are the more pain you may have."

HEALTH FRONT, page 13, PREVENTION Magazine, June 1987

C R O S S T A L K

[The mail response to the Quarterly is one of the joys of being an editor, even when I get my knuckles rapped. Having invited ideas and inspirations, comments and criticisms, we'll begin with a letter that arrived from the Department of Chemistry at Brock University in St. Catharines, Ontario. I stand corrected. MMN]

A GERMANIUM REBUTTAL

Given the type of article appearing of late in the H.E.F. Quarterly, it is no wonder it is hard to get the government to respond. I will refer in detail to only one article, that by M. Patzer in the March '87 issue on the substance of Germanium.

The article reads like a circus side show medicine man's sales pitch and is simply factually WRONG in many places and counter to published clinical ecology practice! I am a professional chemist and have worked with Germanium and its compounds for 25 years. Well - where should I start.

1. Germanium is a hard grey metallic substance. It is obviously not germanium, but its compounds that are being proposed for therapeutic use.

2. Germanium in coal was known long before Dr. Asai. Ash from coal has long been the commercial source of this element.

3. Germanium has NO hydrogen bonding properties. Germanium contains NO oxygen, though its compounds may. Oxy-germanium compounds DO NOT form particularly strong hydrogen bonds. (Strong hydrogen bonding is one current area of my research.)

4. "Organic germanium" has no special tendency towards hydrogen attachment.

5. Germanium is found in natural foods, not in "moderate" amounts but in "trace" amounts. Therefore large germanium compound supplements are not "natural" and are "pharmaceuticals" just as much as aspirin is. Daily doses can lead to environmental hypersensitivity just as any other food or drug based on "clinical ecology's" published guidelines. Organo-germanium compounds are closely related to organo-tin compounds which are environmentally and biologically TOXIC. No toxicities are reported since they are rare. I know of sensitivities developing to germanium compounds in labs where they are used.

6. "Germanium" is not highly pH dependent. Some of its compounds may display "buffer action" but so do many simple common compounds like baking soda, Alka Seltzer Gold, etc. The quantity of germanium based buffer required to control blood pH would be at a grossly unnaturally high level.

7. Germanium compounds are NOT "oxygen giving". Germanium is not an "oxidant". Organo-tin compounds, with chemistry very

similar to organo-germanium compounds are ANTI-OXIDANTS, just like the selenium, etc., mentioned.

8. Oxygen rich compounds are not by definition healthy. Ozone is deadly!! and it is pure oxygen.

I could go on at length. The unidentified Germanium compound whose praises are being sung may well be therapeutically beneficial. If so - great, but don't try to cloak its case in "Pseudo Scientific" jargon that is clearly incorrect. It does neither professional nor layman any good. Conventional medicine doesn't always know why drugs work (e.g. aspirin). Why must the H.E.F. try to present such non-scientific arguments in favor of a treatment at a time when you are trying to get recognition by government over the objection of the medical fraternity? Such blatant NON-SCIENCE as in this article plays right into the hands of those who would label "clinical ecologists" and related practitioners as "Quacks".

Please, no more pseudo science. By all means report on what appears to work but don't cloak it in a mantle of the circus shill of the 19th century.

Yours sincerely, J. M. Miller, Professor of Chemistry

* * * * * * * * *

[The Louisiana chapter of the Human Ecology Action League (HEAL) wrote to ask permission to reprint one of our articles, and we were happy to oblige. We can handle compliments as well as criticisms, and are grateful for their kind words.]

HEAL OF LOUISIANA

I want to compliment you on the excellent publication, the H.E.F. Canada Quarterly. It is one of the best and most informative journals on E.I. that I have seen.

Enclosed are some back issues of HEAL PRINTS. Keep up the good work.

Sincerely, Diane Hamilton - Editor, Baton Rouge, Louisiana.

* * * * * * * * *

[FOOD IRRADIATION has become a topic of heated discussion, and is of great concern to our H.E.F. correspondents. 'LET'S LIVE' magazine has published a series of articles on the subject this year, including one titled 'Is Our Food Supply A Good Place For Nuclear Waste?' (May 1987). In mid-May, a book that details the pros and cons, 'FOOD IRRADIATION - THE FACTS', was released by Inner Tradition/Thorsen's, Box 1534, Department L11, Hagerstown, MD 21741. It is available for (U.S. funds) \$4.95 plus \$1.50 for

postage and handling. In Canada, the ASSOCIATION OF CONCERNED CITIZENS FOR PREVENTIVE MEDICINE, 415-B McArthur Ave., Ottawa, Ontario, K1K 1G5, has been very active in the battle to stop the spread of this controversial process, and deserves your support. Is it too late to stop it? Ron Dugas, President of the A.C.C.P.M., doesn't think so. Write to your Senator, to your M.P., to the Dept. of Consumer and Corporate Affairs, to the Hon. Jake Epp, and/or to Ron Dugas at the aforementioned address. Thanks to Lynda J. Brooks for alerting us to the work of the A.C.C.P.M. and its president, Ron Dugas. We owe it to ourselves to be informed. What you don't know can hurt you!]

* * * * * * * * *

WARNING SOUNDED ABOUT MERCURY IN DENTAL FILLINGS (Ron Ludlow, Southam News, Ottawa Citizen, February 14/87) "Mercury from dental fillings may be accumulating in our bodies in toxic amounts, according to research at the University of Calgary. Dr. Murray Vimy and Dr. Fritz Lorscheider believe long-term exposure to mercury vapor from fillings could have serious effects on the nervous system and may be causing allergy problems for millions of North Americans. Symptoms of chronic long-term exposure to mercury can range from a metallic taste in the mouth, skin rash, depression and insomnia to muscle weakness, tremors, migraines, heart palpitations, irritability, memory loss, inability to concentrate and birth deformities. Mercury is also known to depress the immune system and a preliminary study in California suggests dental mercury may suppress T-lymphocyte cells."

Can you give some coverage to this issue/controversy in the Quarterly? Thanks. (signed) W. Girard, Ottawa, Ont.

[A recovering mercury-poisoned patient is currently writing an article about her experiences for the December edition. MMN]

* * * * * * * * *

Thank you very much for your excellent magazine. I have been reading it for two years and find more useful information in it than I have from any doctor. One of the things I find most useful is the suggestions for products and where to find them.

I am always pleased to hear of something useful that is readily available. Your readers may be interested to know that 'Canadian Consumer' has found Ivory Snow soap flakes the most effective product for doing the laundry, and that the Quebec consumer magazine 'Protect Yourself' found that Ivory Liquid was the most effective liquid cleaner. I find it "too chemical", and use a bar of soap instead, but I use Ivory Snow for laundry. I tried one brand of borax and found it too was scented with the ubiquitous curse of perfume.

[Try 20-Mule Team Borax. The scent is mild, and rinses out. A

liquid unscented coconut oil soap which is safe for most sensitive people to use for bathing, dishes, laundry and cleaning is available from Mrs. Jennie Mansell, 242 Chartwell Rd., Oakville, Ontario, L6J 3Z9, telephone (416) 845-5707. The cost is \$20.00 per gallon, plus shipping. This is a concentrated product which must be diluted before use. Instructions for use are included. Thanks to our editorial board for that information.]

I wonder if any of your readers have any ideas about what to do when your "old faithful" mattress shows signs of giving up the ghost? I almost bought a well-known spring mattress but the salesman proudly showed me the layer of foam between the springs and outer cover and so I demurred. Would letting a new mattress off-gas for a couple of years help? Or are there some wonder products that don't use foam, formaldehyde or insecticide?

[Is it time to consider a cotton futon mattress? Although some find them uncomfortable compared to synthetic spring mattresses, they solve the problem of chemical gassing-off and provide a safe sleeping environment. Check the yellow pages in your phone book (under mattresses), and you're almost sure to find a futon store. You can order cotton mattresses from G. Beam & Company, 48 William St. West, Waterloo, Ontario, N2L 1J5, telephone (519) 743-3219. They will make them to order. The chemically sensitive should get a note from their clinical ecologists stating that it is imperative that their mattress be made without the use of fire retardants or any other chemicals, including foam rubber and pesticide sprays on the cotton.]

Another problem is what to use for air conditioning filters. The one in my window unit is stretching out of shape. Although it is foam it seems to have gassed-off enough not to be troublesome, but the replacement I bought is over-powering, despite many washings. And how do you find a furnace repairman who doesn't insist on filling your furnace with chemical fumes?

Yours hopefully, Jean Wright, Toronto, Ont.

[Do our readers have any more answers? Or questions? Thanks to Harriett Speropoulos and Nora Schallhorn for helping to answer Jean's questions. CROSSTALK is our forum. Let's use it. MMN]

* * * * * * * * *

I am pleased with your offer to publish two informative articles related to how school can affect how children learn [see 'THE IMPOSSIBLE CHILD' elsewhere in this edition, and watch for part two in the December edition].

I also wonder if it would be possible for your readers to be given the names and addresses of talk show hosts in Canada who might want to discuss such topics as:

No! It's Not Mother's Fault Her Child Can't Behave!
No! It's Not Mother's Fault Her Child Can't Learn!
Yes! There Is A Problem Called "Mother Battering"!
Yes! Foods and Chemicals Can Alter How Children Act, Behave
And Learn!

They may wish to write to them and request a show on these topics and offer suggestions as to the appropriate guest.

You may wish to contact Don Cave in Kitchener (Waterloo County Board of Education, Box 68, 51 Ardelt Ave., Kitchener, Ontario N2G 3X5). I feel sure he would be willing to provide you with the information about how beneficial a "clean classroom" is and how it is an economic asset. For some, that is more important than the fact that children might be able to learn in such an environment.

Many thanks for your efforts to help many.

Sincerely yours, Doris J. Rapp, M.D., FAAA, FAAP, Buffalo, N.Y.

[Well, readers? Any ideas? Let's begin with C.B.C. Radio. 'Dayshift' recently did a great series which we've partially transcribed herein, and 'Morningside', 'Quirks & Quarks' and 'The Medicine Show' are other "talk shows" to which we should write. Phone or write to your local 'Information Radio' programmes. The 'Dayshift' producer who did the recent series told me they'd never had so much mail responding to a single subject! It's audience demand that gets these things on the air. The network address for C.B.C. Radio is P.O. Box 500, Station A, Toronto, Ontario, M5W 1E6. Write C.B.C. T.V.'s 'The Journal', or C.T.V.'s 'Lifetime'. Write us, and send suggestions and addresses of other programmes you know about and we'll publish a list in the next Quarterly. Many thanks to Dr. Rapp for her ongoing commitment and dedication!]

* * * * * * * * *

[Here's cause for celebration! Welcome Halifax-Dartmouth!]

You are probably aware that in June our members voted to dissolve the Allergy & Environmental Sensitivity Society and establish a branch of H.E.F. in this area. One of the reasons was the excellent quality of the Quarterly, which many of us have enjoyed for some time.

The Nova Scotia Department of Health financed a trip to the Conference on Food and Environmental Factors in Human Disease in London, England for Dr. Gerald Ross, a local doctor with environmental illness, and Dr. Kempton Hayes, the chairman of the team established to review E.I. patients. Dr. Ross provided us with his review of the conference and permission to forward it to you to print in the Quarterly. [What wonderful news! The report will follow this happily received letter. Thanks, Dr. Ross.]

There are a number of articles in past issues that we feel would be valuable to members who have previously not received the Quarterly. Would it be possible for us to copy them and make them available to members, or would you be willing to reprint them in future issues?

We are really looking forward to our first year as a branch of H.E.F. We hope to be able to contribute some articles in the future. At present, we are working on gathering information on local products and helpful hints for the environmentally ill which we will include in our newsletter. We will keep you in touch with what is going on in this area.

Yours truly, Carol MacAskill - President

[BRAVO, Nova Scotia! We're delighted to welcome the Halifax-Dartmouth Branch, and know we'll be hearing great things from your very progressive province. Regarding past articles, we are still trying to compile a list of 'Publications Available' from H.E.F. Head Office in Dundas, and would appreciate receiving your suggestions. In the meantime, I see no reason why you can't copy articles you feel are important. After all, our purpose is to inform, enlighten and educate. Many thanks for your letter and all the good news. Sharing information is important. Hugs, MMN]

CONFERENCE ON FOOD AND ENVIRONMENTAL FACTORS IN HUMAN DISEASE

In Harrogate, England in late June, the British Society for Allergy and Environmental Medicine, and the American Academy of Environmental Medicine held a joint meeting where speakers presented papers of common interest.

Participants, among whom were several Canadians, including Dr. John MacLennan of Dundas, Ontario, arrived from nine countries.

Speakers included many of the well-known leaders in the field of clinical ecology and environmental medicine. Dr. William J. Rea of Dallas reported on a long-term follow-up study of environmentally ill patients who had been treated at the Environmental Health Center unit. On 181 randomly chosen patients, there was a direct correlation between how long patients followed their treatment programs and the extent to which they recovered their health. About 45 percent of patients had no need to continue therapeutic antigens after two years. There was good evidence to suggest that nutritional deficiencies played a vital role in the poor functioning of enzyme detoxification systems in his ill patients.

He reminded delegates of the importance of vitamin E and selenium in these detoxification pathways, and reported that at his unit, they were finding significant deficiencies of intracellular nutrients. Eight percent of patients are chromium

deficient, ten percent lack proper levels of vitamin D, and a huge 60 percent are vitamin B6 deficient.

Many of these abnormalities were in spite of oral supplementation, suggesting a malabsorption of the nutrients.

Dr. Doris Rapp of Buffalo spoke of hyperactive children, who often begin having problems at a very early age. She has found that cow's milk and red food colouring are the most frequent offending agents.

Dr. Jean Monro of London, England reported on chlorinated pesticide usage, pointing out that studies show something less than 20 percent of pesticide spray actually gets to the intended plants, but rather, they spread far and wide all over Europe. Chemicals sprayed near Paris have been traced and detected over much of Europe and Scandinavia within 48 hours, depending on wind conditions.

She also reported on a study of 171 patients who were pesticide sensitive both by history and testing, whereby 18 percent of these people were found on blood testing to have appreciable body accumulations of these chlorinated pesticides. In her experience, patients who are sensitive to pesticides are always sensitive to other agents as well.

One of the most exciting things reported at this conference (in my opinion) was from Robert L. Smith, professor of Pharmacology and Toxicology at St. Mary's Hospital in London, and Dr. Glenis Scadding, senior registrar in immunology. Tests have clearly shown that food sensitive individuals can be very slow metabolizers of certain food chemicals, particularly those containing sulphur. In a study of 80 patients, 74 percent of food sensitive individuals were found to be slow metabolizers, whereas only 20 percent of the normal control population were found to be so. (For the statistically inclined, $P < 0.005$.)

What this study essentially indicates, is something that we already know - that ecologically ill patients ARE different in how they react to and detoxify things.

With this study, it appears there may be genetic or nutritional factors that affect enzyme pathways that are vital to detoxification. Being slow metabolizers may permit substances to build up dosage within the body to produce symptoms, where other people would not be affected.

Many participants and delegates were delighted that the Department of Health of the province of Nova Scotia had actually taken the bold step of sending two physicians to attend this conjoint conference.

Dr. Kempton Hayes and I have known each other for some years and are both engaged in Family Medicine. Dr. Hayes will be assuming the chairman's role of a board of Nova Scotia physicians

that will evaluate ecologically ill patientss in the province who are referred from their doctors. [Dr. Ross and Dr. Patricia Beresford are the Halifax-Dartmouth Branch's medical advisors.]

In the midst of opposition towards environmental illness from some governments and doctors, it's a welcome change when a provincial Department of Health maintains a progressive attitude on this important issue.

Gerald H. Ross, M.D., C.C.F.P., New Minas, N.S.

* * * * *

[The mysterious Lamont Goetz of Winnipeg has been busy again!]

THE FURTHER ADVENTURES OF ALLERGYMAN

One day, when Allergyman was quietly relaxing at home, eating preservative-free ice cream and playing checkers with Histamine the Wonder Dog, ABSOLUTELY NOTHING EXCITING happened. Luckily, however, the very next day he was walking downtown when he noticed a large "A" with a circle around it painted on a door. Immediately recognizing the International Allergy Alert Distress Symbol, he dashed into the nearest phone booth, threw off his street clothing, ejected the woman who was making a phone call, and put on his 100% cotton Allergyman costume. All this took place in the twinkling of an eye, and Allergyman was bounding up the street well before the woman's eyes stopped twinkling.

Our hero soon located the crisis site, kicked down the door, and stormed inside. What he then saw was as sorry a sight as one could ever hope to see. Standing over the stove was Lazy Susan, who was preparing pork chops for dinner for the seventeenth consecutive day. Allergyman grabbed one corner of the table and gave it a mighty spin, sending dishes of food flying in all directions.

"Hurry and catch those dishes", Lazy Susan yelled to her hyperactive children, "before the food drops!" But Allergyman already had her pinned to the wall.

"Haven't you ever heard of FOOD ROTATION?" he yelled, incensed.

This was too much for Lazy Susan. She broke down and cried "Alright, I admit it! I'm addicted to pork chops! I didn't mean to hurt anybody!"

Allergyman gently took the bleary-eyed woman outside and into the waiting Allergy Police van. "The first step is admitting you have a problem!" he admonished.

TO BE CONTINUED

B I T S A N D B Y T E S

SPRAY PAINT DEVISED WITHOUT ISOCYANATES

Isocyanates have long been a potential health hazard to workers in industries that use spray paints. Isocyanates are found in urethane paints. These coatings provide high quality finishes for many manufactured products.

The trouble with the compounds is their potential side-effects. The human body is mostly water - and isocyanates react with water. Paints that use the compounds become a problem when they are sprayed on to an object, because this application creates a very fine mist. Carelessly used, they can cause major respiratory ailments and allergies in people.

A pesticide variant, methyl isocyanate, caused thousands of deaths in Bhopal, India, when an accidental leakage of gas spewed the chemical into the air.

In recent years, isocyanates have become subject to much tighter controls. "The whole industry has been looking for substitutes for isocyanates for years," said Mark Bernstein, president of Phillips Paints Products of Winnipeg. "The reality up to now was that people were uncomfortable with them, but there was no other game in town. We felt there was a way around this."

The company's research took them to Europe, where they found some substances with an acrylic base. Work with these chemicals, Mr. Bernstein said, produced a "non-urethane paint that has the performance character" that could previously be obtained only with urethane coatings. The most important benefit of the new compound is that it "eliminates a hazard from the workplace." [!] (Toronto Globe and Mail Report on Business, May 21, 1987, p. B11)

LOOSEN UP! A little laughter may be just what the doctor ordered, according to Robert D. Russell, a health education specialist at Southern Illinois University at Carbondale. After researching the information on smiles for a workshop he was asked to teach, Russell has become convinced that chuckling for good health is no laughing matter. Laughter expands the arteries, makes the heart work better, involves the diaphragm, and exercises different muscle groups. Russell calls it "internal jogging".

"Everyone has childhood memories of laughing to the point of crumbling internally into a heap", says Russell. "Laughing that hard actually relaxes muscles so that a person can't stand."

(HEALTH WATCH, page 6 LET'S LIVE Magazine, May 1987)

ASTHMA: In a recent study, U.S. Department of Agriculture researchers noted that 15 asthma patients had significantly lower levels of vitamin B6 than did 16 people without asthma. When given supplements of the vitamin, all of the asthmatic subjects reported "a dramatic decrease in frequency and severity of wheezing or asthmatic attacks while taking the supplement" (American Journal of Clinical Nutrition, April 1985). Further studies are underway with larger groups of asthma sufferers. In

the meantime, the researchers note the 100 mg. doses given during the trial should be used only under medical supervision, as high levels of B6 may result in nerve damage. You can safely maintain adequate levels of vitamin B6 by eating whole-grain products, nuts, bananas, poultry and fish.

(PREVENTION Magazine, page 27, June 1987)

Your decaffeinated coffee may have gotten that way by being treated with a stiff dose of methylene chloride, the main ingredient in paint remover. The Food and Drug Administration approved the use of methylene chloride - up to 10 parts per million - in 1975, after a study found that the decaffeinators then in use, trichloroethylene, caused cancer in laboratory mice. The procedure also involves steam and water to force the caffeine out of the coffee beans. Then the solvent extracts the caffeine from the water used in the process. The treatment, which was developed in Germany, removes about 97 percent of the caffeine from the beans. [Do you really want to drink it?]

(Country Health, Vol. 3, No. 3, Summer 1986)

Could schizophrenia, the debilitating mental disorder, be caused by a virus that triggers the body's immune system to attack the brain? Possibly, according to an old theory that is gaining new momentum as a result of recent research into autoimmune diseases. In these disorders, the body's immune system seems to go awry and destroy the very cells that it is supposed to protect. Scientists suspect a virus may be the culprit, triggering these abnormalities of the immune system. Based on these new findings, plans are underway to see if schizophrenic patients respond to steroid drugs, which suppress the body's immune system, said Dr. Steven Paul, chief of clinical neuroscience at the National Institute of Mental Health in Washington. If the drugs work, researchers would gain important evidence that schizophrenia is indeed an autoimmune disease. At a conference at the National Institute of Health, scientists presented a case for the viral-immune theory of schizophrenia. Immunologist John Knight, a guest researcher from New Zealand's University of Otago Medical School, said many aspects of schizophrenia are similar to aspects of known autoimmune diseases. For one, schizophrenia is not present at birth, Knight said, but develops during adolescence or young adulthood. Schizophrenia also "appears to go through cycles of remission and relapse", Knight said - a pattern seen in autoimmune diseases.

(Winnipeg Free Press, page 10, March 8, 1987)

IF, INSTEAD OF A GEM OR EVEN A FLOWER, WE COULD CAST THE GIFT OF A LOVELY THOUGHT INTO THE HEART OF A FRIEND, THAT WOULD BE GIVING AS THE ANGELS GIVE. (G. Macdonald)

B E N W I C K S

Ben Wicks



As always, our thanks and a great big hug to Ben Wicks for allowing us to reproduce his cartoons herein. Our friend Ergy the Alien has been having such a wonderful time visiting toxic waste dumps, acid rain forests and polluted lakes and rivers all over North America that he hasn't had a minute to write. MMN

R E C O M M E N D E D R E A D I N G L I S T

AN ALTERNATIVE APPROACH TO ALLERGIES by Theron G. Randolph and Ralph W. Moss, (paperback) Bantam Books #0-553-20830-6.

COPING WITH YOUR ALLERGIES by Natalie Golos and Frances Golbitz, (paperback) Fireside/Simon and Shuster, Inc., New York.

DR. MANDELL'S 5-DAY ALLERGY RELIEF SYSTEM by Marshall Mandell, M.D., and Lynne Waller Scanlon, readily available in paperback.

(1) ALLERGIES AND THE HYPERACTIVE CHILD, (2) ALLERGIES AND THE FAMILY, (3) THE IMPOSSIBLE CHILD, by Doris Rapp, M.D., FAAA, FAAP

SERIES OF HANDBOOKS ON ALLERGIES, FOODS, CHEMICALS, INHALANTS, by G. Joy Underwood, 1202-1175 Broadview Ave., Toronto, Ont. M4K 2S9

CANDIDA ALBICANS by Leon Chiatow, Thorsons Publishers Limited, Wellingborough, Northamptonshire, Great Britain.

CANDIDA, A 20TH CENTURY DISEASE by Shirley S. Lorenzani, Keats Publishing Co., New Canaan, Conn. U.S.A.

THE YEAST CONNECTION by William G. Crook, Professional Books, P.O. Box 3494, Jackson, Tennessee 38301, U.S.A.

WHY YOUR HOUSE MAY ENDANGER YOUR HEALTH by Alfred V. Zamm

IT'S ALL IN YOUR HEAD by Hal A. Huggings, D.D.S., P.O. Box 2589, Colorado Springs, Colorado, U.S.A.

BRAIN ALLERGIES: THE PSYCHONUTRIENT CONNECTION (1980) by W.H. Philpott and D.K. Kalita.

(1) CHEMICAL VICTIMS (#0 330 25937 7) and (2) NOT ALL IN THE MIND (#0 330 24592 9) by Dr. Richard Mackarness, (British imports) PAN Books (both available in paperback and worth hunting for).

HOW TO CONTROL YOUR ALLERGIES by Robert Forman, Ph.D., Larchmont Books #ISBN 0-915962-29-2.

DETOX by Phyllis Saifer, M.D., M.P.H., and Merla Zellerbach, *Jeremy P. Tarcher Inc., Los Angeles #ISBN 0-87477-332-6

THE TYPE 1/TYPE 2 ALLERGY RELIEF PROGRAM by Alan Scott Levin, M.D., and Merla Zellerbach, *Tarcher Inc. #ISBN 0-87477-328-8

THE POWER OF POSITIVE THINKING by Norman Vincent Peale
A STEP FURTHER by Joni Eareckson and Steve Estes

CHOICES/CHANGES by Joni Eareckson Tada

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E D I T O R I A L C O M M E N T

"I'M FAILING THE STRESS TEST ... MY BODY IS REBELLING, AND MAKES NO SECRET OF THE FACT THAT IT IS NOT AMUSED!" This, in a large and unruly scrawl, written amidst bouts of vomiting and a central nervous system "breakdown" between 11 PM and 1 AM, was the result of eating just three tablespoons of freshly picked organic beans, perfectly steamed and too tempting to resist. Just because it's "good for you", doesn't mean it can't hurt you. That's a lesson we allergic and hypersensitive humans learn every time we exceed our limitations. Earlier in the day I'd walked over to a shopping centre for an hour's sojourn into a book store, and was feeling "invincible" (aka hyperactive/manic/compulsive). An evening visit with a neighbour wearing freshly laundered clothing (unscented? Tide and fabric softener) was all it took to put me over the edge. Oops! My overload/delayed reaction took several days to overcome, but (looking at it in a positive way) at least I tried. It's all research!

Sometimes we surprise ourselves and find a previously loved food or activity (necessarily long avoided) has become tolerable. We do desensitize to some things. Sometimes we can tolerate a reaction, or help to lessen it with an activity such as walking. I "power walk" two to four miles several times a week to help my body detoxify. It focusses my energies to ease the aches of my arthritic hips, knees and back and clear the "wet mashed turnip" feeling in my brain. Walking's aerobic benefits help my asthma and my attitude, my muscle tone and my migraine headaches.

We're a hardy group. We're survivors. We know WE CAN do whatever it takes to make ourselves healthier and happier, and help others to gain control of their lives along the way. Each of us has a responsibility to learn everything we can about our illness and do everything we can to overcome it. There's no magic pill or cure that a doctor or fellow patient can give us, we have to do it ourselves. Repeat after me: IT'S ALL RESEARCH!

Remember four C's: CURIOSITY. CREATIVITY. CONSISTENCY. COURAGE. You need a curious mind, a sense of humour and a goal to strive for, achieve and rejoice in. If at first you don't succeed, so what? You're not a quitter. You can do anything you set your mind to. At times your only goal may be to make it through the day, or figure out what it was that overloaded your system. Only YOU CAN DO IT! How sick are you? Are you sick enough to get serious about cleaning up your environment and sticking to your rotary diversified diet? Are you brave enough to try expanding your horizons? I was, and am. I keep trying, and so should you.

Mary Merlin Nelson - Editor
H.E.F. CANADA QUARTERLY
261 Campbell Street
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